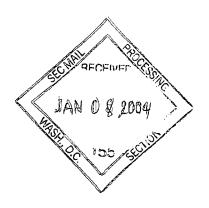
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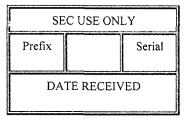
ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.





OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1



FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

UNIFORM LIMITED OFFERING EXEMPTION

Washington, D.C. 20549

JAN 0 9 200

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

	PROCESSED
1	JAN 09 2004
1	THOMSON

Name of Offering [] (check if this is an amendment and name has changed, and indicate change.) Eyeblaster, Inc Offering of Series E Preferred Stock							
Type of Filing: [X] New Filing [] Amendment							
A	. BASIC ID	ENTIFICAT	ION DATA				
1. Enter the information requested about the	ne issuer						
Name of Issuer [] (check if this is an a Eyeblaster, Inc.	mendment and r	name has change	ed, and indicate change.)				
Address of Executive Offices (Numb 220 Fifth Avenue, 19 th Floor, New York, N		ity, State, Zip C	ode) Telephone Number (Including Area Code) (212) 686-9210				

A. BASIC IDENTIFICATION DATA						
Address of Principal (if different from Exc	Business Operations (Numb	er and Stree	t, City, State, 2	Zip Code) Telephone	Number (Incl. Area Code)	
Brief Description of	Business					
	vider of the Eyeblaster Rich gy solution to create, deliver, a				tisers and publishers with the line administrative platform.	
Type of Business Organization						
[X] corporation	[] limited partnership, al	ready forme	d []oth	er (please specify):		
[] business trust	[] limited partnership, to	be formed				
Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)		Month [0][9]	Year [9][9]	[X] Actual	[] Estimated	
		for State:	[D][E]			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last nam Trifon, Gal	e first, if individ	dual)					
Business or Residence c/o Eyeblaster, Inc., 2		19 th F		reet, City, State, Z Y 10001	(ip Code)		
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last nam Yaron, Nir	e first, if indivi	dual)					
Business or Residence c/o Eyeblaster, Inc., 2		19 th F	(Number and Str loor, New York, N	reet, City, State, Z Y 10001	ip Code)		
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last nam Zadikario, Ofer	ne first, if individ	dual)					
Business or Residence c/o Eyeblaster, Inc., 2		19 th F		reet, City, State, Z Y 10001	Cip Code)		
(Use b	lank sheet, or	copy	and use additional	copies of this sh	eet, as necessar	y.)	

A. BASIC IDENTI	FICATION DATA	
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organ. Each beneficial owner having the power to vote or disponently securities of the issuer; Each executive officer and director of corporate issuers a issuers; and Each general and managing partner of partnership issuer 	se, or direct the vote or disp and of corporate general and	position of, 10% or more of a class of
Check Box(es) that [] Promoter [] Beneficial Owner[] Apply:	Executive [X] Direct Officer	tor [] General and/or Managing Partner
Full Name (Last name first, if individual) Gamzu, Guy		
Business or Residence Address (Number and Street, c/o Eyeblaster, Inc., 220 Fifth Ave., 19 th Floor, New York, NY 1	City, State, Zip Code) 0001	
Check Box(es) that [] Promoter [] Beneficial Owner [X Apply:] Executive [] Direc Officer	tor [] General and/or Managing Partner
Full Name (Last name first, if individual) Hardoof, Amir		
Business or Residence Address (Number and Street, c/o Eyeblaster, Inc., 220 Fifth Ave., 19 th Floor, New York, NY 1	City, State, Zip Code)	
Check Box(es) that [] Promoter [X] Beneficial Owner[] Apply:	Executive [] Direct Officer	ctor [] General and/or Managing Partner
Full Name (Last name first, if individual) GT Internet Technologies, LLC		
Business or Residence Address (Number and Street, c/o Eyeblaster, Inc., 220 Fifth Ave., 19 th Floor, New York, NY 1	City, State, Zip Code)	

Page 4 of 14

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BASIC IDENTIF	ICATION DA	ГА				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that [] Promoter [Apply:	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner			
Full Name (Last name first, if individual) OZ Internet Technologies, LLC)						
Business or Residence Address c/o Eyeblaster, Inc., 220 Fifth Ave., 19 th	(Number and Street, C Floor, New York, NY 10		Code)				
Check Box(es) that [] Promoter [Apply:	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner			
Full Name (Last name first, if individual) AH Internet Technologies, LLC)						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Eyeblaster, Inc., 220 Fifth Ave., 19 th Floor, New York, NY 10001							
Check Box(es) that [] Promoter [Apply:	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner			
Full Name (Last name first, if individual) NB Internet Technologies, LLC)						
Business or Residence Address	(Number and Street, C	City, State, Zip C	Code)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

4842 159th AVE NE, Redmond, WA 98052, USA

		A. BASIC IDENTIF	FICATION DA	ATA	
 Each beneficial equity securiti Each executive issuers; and 	r of the issuer, if al owner having t es of the issuer; e officer and dire	the issuer has been organize the power to vote or dispos	e, or direct the	vote or dispositi	on of, 10% or more of a class of naging partners of partnership
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name Cubit Investments Ltd.	first, if individua	1)			
Business or Residence 54 Bezal'et St., Yahalo		(Number and Street, Gan 52521, Israel	City, State, Zip	Code)	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name HES International Cabl		1)			
Business or Residence 3 Nachshon St. Industri		(Number and Street, etach-Tikva, Israel	City, State, Zip	Code)	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner[]	Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name Isramtec, Inc.	first, if individua	1)			
Business or Residence 11767 Katy FDW Suite		(Number and Street, Cexas 77079-1715, United		Code)	
(Ties h	lank shoot on a	ony and use additional co	nice of this sh	oot or nonceor	., \

					B. INFO	RMATI	ON ABO	OUT OF	FERING			· · · · · · · · · · · · · · · · · · ·	* <u></u>
	as the issu										•	Yes	No
			************		r also in A						••••	[]	[X]
2. W	hat is the	minimur	n invectn						_		\$	N/A	
						•	•						– No
3. D	oes the of	fering pe	rmit joint	ownersh	nip of a si	ngle unit	?	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •		res X]	No []
in wi br or	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full N	ame (Las	t name fir	rst, if ind	ividual)									
	of Associ		······································		(Numb	er and St	reet, City	, State, Z	ip Code)				
Name	of Associ	lated Bro	ker or De	aler									
	in Which k "All Sta										ΓΙΔ	ll States	
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[HM]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (Las	t name fii	rst, if ind	ividual)									
Busine	ess or Res	idence A	ddress		(Numb	er and St	reet, City	, State, Z	ip Code)				
Name	of Associ	iated Bro	ker or De	aler									
	in Which										[] A	Il Ctata	
(Checi	c"All Sta [AK]	tes" or cl	neck indir [AR]	vidual Sta [CA]	ates) Non [CO]	.e [CT]	[DE]	[DC]	[FL]	[GA]	[] A	Il States [ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price Estimated	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$	\$0
	[X] Preferred Stock, the shares of Series E Preferred Stock issued in this	\$0	\$0
	offering Convertible Securities: issuance and sale of 2,065,000 shares of Series E Preferred Stock, par value U.S. \$0.001 per share ("Preferred E Shares"), at an effective purchase price of U.S. \$3.87 per share	US\$ <u>8,000,000</u>	US\$ <u>5,592,833</u>
	Partnership Interests	\$0	\$0
	Other:	\$0 US\$ <u>8,000,000</u>	US\$ <u>5,592,833</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	on the total lines. Enter o in this wer is mone of leafer.	Number of Investors	Aggregate Dollar Amount of Securities Sold
	Accredited Investors/	4	US\$ 5,592,833
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	0	0
	Regulation A	0	0
	Rule 504	0	0
	Total	0	0
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions Other Expenses (identify) Total	[] [X] [] [] [] [X]	\$ 0 \$ 0 US\$ 75,000 \$ 0 \$ 0 \$ 0 US\$ 75,000
b	Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		US\$ 5,517,833

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.				
		Payments to Directors &	•	Paymer To Othe	
	Salaries and fees	[]\$0	[]	S0	
	Purchase of real estate	[]\$0	[]	<u> </u>	
	Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[]	<u> </u>	
	Construction or leasing of plant buildings and facilities	[]\$0	[]	S0_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$0	[]	S0_	
	Repayment of indebtedness	[]\$0	[]	S <u> </u>	
	Working capital	[]\$0	[X]	US\$ 2,91	<u>7,166</u>
	Other (specify):Repurchase of Company's Stock	[]\$0	[X]	US\$ 2,60	0,667
	Column Totals	[]\$0	[X]	<u>US\$ 5,51</u>	<u>7,833</u>
	Total Payments Listed (column totals added)		1155 5 517 5	233	

T	FEDER	 CITCAL	TITIE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Eyeblaster, Inc.	, , ,	Date January 7 th , 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Gal Trifon	Chief Executive Officer	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE 1. Is any party described in 17-CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? [] []

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Eyeblaster, Inc.		Date January 7 th , 2004
Name of Signer (Print or Type)	Title (Print or Type)	
Gal Trifon	Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	non-ac inves S	2 d to sell to ceredited stors in tate 3-Item1)	offering price offered in state	4 Type of investor and amount purchased in State (Part C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	US\$8,000,0000 of Preferred E Shares	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
DE			No offering or sale in Delaware			-			N/A
NY		1	US \$5,592,833 for 1,443,650 shares of Preferred E Shares	4	US \$5,592,833	0	0		N/A

Total as of closing (December 23, 2003): 4 investors/US\$5,592,833 issuance and sale of 1,443,650 shares of Series E Preferred Stock, par value U.S. \$0.001 per share, at effective purchase price of \$3.87 per share.